

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 301

Office of Registrar of Vital Statistics.

Ward 182

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT THIS CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 10-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Raymond Patterson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 2 Years, 5 Months,  Days.

Color, Wh

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Union Bridge - Carroll Co. Md

Duration of Residence in the City of Baltimore, (a little less than) 1 year

Place of Death, { Give Street and Number. } 409 Payson St

Cause of Death, { First (Primary), Second (Immediate), } Rubrola  
Eclampsia

Duration of Last Sickness, 2<sup>d</sup> day of eruption

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 12th

Undertaker, John J. Cowan

C. C. McDowell M. D.  
Medical Attendant.

Place of Business, 89 Hollin St Address, 1521 w Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

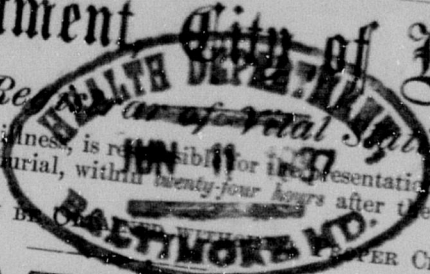


The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 302

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE GRANTED WITHOUT THIS PER CERTIFICATE.



Ward 12

## CERTIFICATE OF DEATH.

Date of Death, June 9th 1887

Full Name of Deceased, James E. Jacobs

Sex, Male or Female, 61 ~~62~~ Years, 2

Age, 61 ~~62~~ Years, 2

Color, White Months, 24 Days.

Married, Single, Widow or Widower, White

Occupation, Police man

Birth Place, Fairfax Co Va

Duration of Residence in the City of Baltimore, 42 years

Place of Death, 332 W Preston St

Cause of Death, Cancer on breast above left nipple

Duration of Last Sickness, Cancer, appeared first to be epithelioma about a year

Place of Burial, Green Mount

Date of Burial, June 11th 1887

Undertaker, J. E. Hughes Elias C Price

Place of Business, Address, 953 Madison Ave M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 303 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup> 1887.

Full Name of Deceased, Bruno { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Asylum.

Cause of Death, { First (Primary), Marasmus Second (Immediate), Ex }

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New North Cemetery

Date of Burial, June 11. 1887

{ Undertaker, John Bammer } J. Flannery M. D. Medical Attendant.

{ Place of Business, Division St. Address, 1701 Dr. Hill Ave. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *A 304*

Office of *Registrar W. Kent* Statistics.

Ward *10 1/4*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *June 10<sup>th</sup> 1887*

Full Name of Deceased, *John R. Story* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, *Male* or *Female*, {Cross out the word not required in this line.}

Age, *29* Years, *3* Months, *22* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, {Cross out the words not required in this line.}

Occupation, *Policeman*

Birth Place, {State or country, and how long in the United States, if of foreign birth.} *Maryland*

Duration of Residence in the City of Baltimore, *3 Years*

Place of Death, {Give Street and Number.} *747. Saratoga St.*

Cause of Death, {First (Primary), Second (Immediate),} *Pneumonia Catarrhal, Exhaustion*

Duration of Last Sickness, *15 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Centerville Green*

Date of Burial, *June 11<sup>th</sup> 1887*

Undertaker, *Geo B. Cook*

Place of Business, *1003 W. Baltimore*

Address, *309. N. Euter*

Medical Attendant, *J. W. Chambers M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

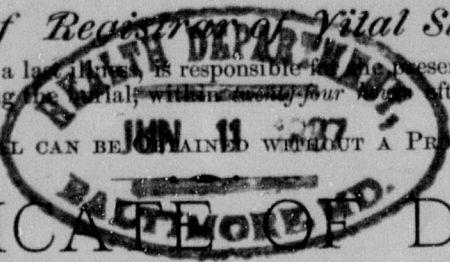
# Health Department, City of Baltimore.

Permit No. A 305 Office of Registration of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 10 1887

Full Name of Deceased, Maria Boringa

Sex, Male or Female, Female

Age, 73 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single, Widow or Widower, Single

Occupation, \_\_\_\_\_

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, 709 Hanover st

Cause of Death, Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Oliv

Date of Burial, June 11 1887

Undertaker, Michl Doyle

Place of Business, 200 Calles

H W Webster M. D.

Medical Attendant.

Address, 106 B... ..

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. A 306 Office of Registrar DEPT. OF HEALTH Statistics. Ward 1<sup>st</sup>

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Wacker  
(Wacker)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, 14 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Balto. ind.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ind.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 2205 E. Pratt St.

Cause of Death, { First (Primary), } Phthisis  
{ Second (Immediate), } "

Duration of Last Sickness, 3 yrs

Place of Burial, London Park Cem.

Date of Burial, June 12<sup>th</sup> 1887

Undertaker, M. A. Daign. Atty. { F. Donaldson M. D. Medical Attendant.

Place of Business, 229 S. Broadway, Address, 510 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

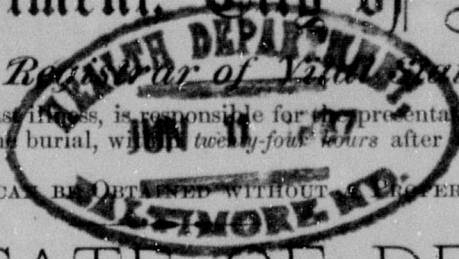


HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 307 Office of Registrar of Vital Statistics. Ward 7  
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 10 "87 Purveyance  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Harriet A and Chas H.  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age,                      Years,                      Months, 7 Days.  
Color, Colored  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
Occupation,                       
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore  
Duration of Residence in the City of Baltimore, Life  
Place of Death, { Give Street and Number. } 513 Margrove Alley  
Cause of Death, { First (Primary), Second (Immediate), } Spasms  
Duration of Last Sickness, See its Life

All the above information should be furnished by the Physician.  
Place of Burial, Lane Cemetery  
Date of Burial, June 11 "87  
{ Undertaker, W.W. Madden } James A. Stearns M. D.  
{ Place of Business, East St. } Address, 513 Margrove Alley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

J. B. Fitzpatrick Sanitary Inspector



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# Health Department, City of Baltimore.

Permit No. A 308

Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is requested to present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 10 June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Agnes Small

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age, — Years, — Months, 4 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Whetstone St 1316

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. }

Whetstone St 1316

Cause of Death, { First (Primary), Second (Immediate), }

Some defect in the bowels, with prevented evacuation.  
Nature

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 11 June 1887

Undertaker, Martin Fahey

A. E. Prichard M. D.  
Medical Attendant.

Place of Business, 606 Townsend St Address, 20 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 309 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret P. Keane.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, ✓ Days

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give Street and Number. } 1409 Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 11/87

Undertaker, Denny & Mitchell W. H. H. H. H. M. D.

Place of Business, 1201 N. Fayette Address, Fry City & Beach

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the following

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A. 310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louise Letmat

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, 8 Months, 15 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number. } 728 Pennsylvania Ave

Cause of Death, { First (Primary), Second (Immediate), } Morbus Brightii

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Jun 13

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

Morris Wiener M. D.

Medical Attendant.

Address 744 W. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[over]